

Kentucky Department for Medicaid Services

**Secretary for Health and Family Services Final PDL Selections from Pharmacy
and Therapeutics Advisory Committee Meeting, November 17, 2005**

This chart provides a summary of the final PDL selections that were made by the Secretary for Health and Family Services as a result of the Pharmacy and Therapeutics Advisory Committee meeting on November 17, 2005 resulting from recommendations and product supplemental rebate submissions.

	Description of Recommendation	Final PDL Decision
#1	Selective Serotonin Reuptake Inhibitors Re-review <ol style="list-style-type: none"> 1. All SSRIs and all dosage forms were considered clinically equivalent in efficacy and safety. 2. Continue current quantity limits of 30 units/30 days on SSRI agents. 3. Continue tablet splitting for branded SSRIs and allow tablet splitting of Lexapro 10mg. 4. DMS to select agent(s) as preferred based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA. 6. Require an inadequate therapeutic response with a trial of two generics before a branded agent is utilized. 7. Patients currently utilizing a branded SSRI will be allowed to continue on the branded product unless the patient discontinues therapy for 90 days. After 90 days of discontinuation, the patient will be considered a "new start" and will be required to have a trial of two generic agents before using a branded agent. 8. For any new chemical entity in the SSRI class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 	Recommendations Approved <u>PDL Selections</u> CITALOPRAM HBR FLUOXETINE HCL PAROXETINE HCL
#2	Intranasal Steroids Re-review <ol style="list-style-type: none"> 1. All agents in the intranasal steroid class are considered clinically equivalent in efficacy and safety. 2. Continue current quantity limits of 1 inhaler unit per 30 day supply on intranasal steroid agents. 3. DMS to select agent(s) as preferred based on economic evaluation. One agent with an indication for pediatric patients will be available. 4. Agents not selected as preferred based on economic evaluation or pediatric indication will require PA. 5. For any new chemical entity in the intranasal steroid class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 	Recommendations Approved <u>PDL Selections</u> FLUNISOLIDE NASONEX NASACORT AQ
#3	Inhaled Corticosteroids Re-review <ol style="list-style-type: none"> 1. All inhaled corticosteroids were considered clinically equivalent in efficacy when administered at comparable doses. 2. DMS to select agent(s) based on economic evaluation. One agent indicated for young pediatric patients will be available. 3. Agents not selected as preferred based on economic evaluation or pediatric indication will require PA. 4. For any new chemical entity in the inhaled corticosteroid class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 5. 	Recommendations Approved <u>PDL Selections</u> AZMACORT ASMANEX QVAR 40 MCG QVAR 80 MCG
#4	Hepatitis C Medication Management: Pegylated Interferon-alfa, Ribavirin Re-review <ol style="list-style-type: none"> 1. Continue 16 week duration of therapy limit and require a genotype and qualitative HCV RNA serum assay for continuation treatment. 2. Patients with EVR (2 log decrease in viral load at 12 weeks) will be approved for continuation treatment for an additional 32 weeks for viral genotype 1 or 4 for a total of 48 weeks. 	Recommendations Approved <u>PDL Selections</u> HEPATITIS C PEGASYS PEGASYS CONV. PACK

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	<ol style="list-style-type: none"> 3. An EVR is not required for genotype 2 or 3, but will receive a total of 24 weeks of therapy based on documentation of genotype. 4. DMS to select agent(s) based on economic evaluation. 5. Agents in this class are time limited treatments. Patients will be allowed to complete their course of therapy. PDL selected agents will apply for any new courses of therapy. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. For any new chemical entity in the Hepatitis C medication class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 	<u>PDL Selections</u> RIBAVIRINS COPEGUS
#5	<p>New Generation Antidepressants Class Review</p> <ol style="list-style-type: none"> 1. All agents in the New Generation Antidepressant class are considered clinically equivalent in efficacy for the treatment of depression. 2. DMS to select agent(s) based on economic evaluation. 3. Agents not selected as preferred based on economic evaluation will require PA. 4. Require an inadequate therapeutic response with a trial(s) of two preferred antidepressants before a branded New Generation Antidepressant is utilized. 5. Patients currently utilizing a branded New Generation Antidepressant will be allowed to continue on the branded product unless the patient discontinues therapy for 90 days. After 90 days of discontinuation, the patient will be considered a “new start” and will be required to complete a trial of two generic agents before using a branded agent. 6. Prior Authorization criteria to be created for failure of preferred agents with consideration given to FDA approved comorbidities (ex: diabetic neuropathy). 7. For any new chemical entity in the New Generation Antidepressant class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 	<p>Recommendations Approved</p> <p><u>PDL Selections</u></p> <p> BUDEPRION SR BUPROPION HCL BUPROPION HCL TABLET SA MIRTAZAPINE MIRTAZAPINE TAB RAPDIS NEFAZODONE HCL TRAZODONE TRAZODONE HCL MAPROTILINE HCL </p>